

# TAXABLE REIMBURSEMENTS WORKSHEET

(Year 2 Calculation of Covered Taxable Reimbursements Made During Year 1)

NAME (Last, First, Middle Initial)	GRADE	SSN
ORGANIZATION / STATION		DUTY PHONE
DATE ARRIVED STATION	TRAVEL ORDER NO.	

## CALCULATIONS

COVERED ALLOWANCES (JTR, vol 2, para C16003)	AMOUNT PAID / REIMBURSED (A)	MINUS MAXIMUM MOVING EXPENSE DEDUCTION (B)	EQUALS AMOUNT OF COVERED TAXABLE REIMBURSEMENT (C)
1. TRAVEL AND TRANSPORTATION EXPENSES BETWEEN DUTY STATIONS			- 0 -
2. TRANSPORTATION AND 30 DAYS STORAGE OF HOUSEHOLD GOODS			- 0 -
3. TEMPORARY STORAGE OF HOUSEHOLD GOODS NOT INCLUDED IN LINE 2 (See para C16003-3)		- 0 -	
4. MOBILE HOME MOVEMENT INSTEAD OF HOUSEHOLD GOODS			- 0 -
5. MISCELLANEOUS EXPENSE ALLOWANCE		- 0 -	
6. HOUSEHUNTING TRIP \$ _____			
7. TEMPORARY QUARTERS, 30 DAYS AT NEW STATION \$ _____			
8. TOTAL OF LINES 6 AND 7			
9. ENTER LESSER OF LINE 8 OR ALLOWABLE AMOUNT AS DEDUCTIBLE AMOUNT			
10. ENTER BALANCE OF LINE 8 MINUS LINE 9			
11. TEMPORARY QUARTERS IN EXCESS OF LINE 7		- 0 -	
12. REAL ESTATE TRANSACTIONS			
a. SALE EXPENSES \$ _____			
b. PURCHASE EXPENSES \$ _____			
c. UNEXPIRED LEASE \$ _____			
d. RELOCATION SERVICES \$ _____			
13. TOTAL OF LINES 12a THRU 12d			